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FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 AUG - 1 AM 9: 14

Office Use On

				rince ode only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
Tiru Count	leis Delmoicira	HIIC Cliub					
	<u> </u>		<u> </u>				
ADDRESS (number and street)	11142 S. D	lamionid Bar	BIVA				
(Check if address is changed)	#1845	1.	<u> </u>				
	Diamondit	Bar	CG 9	1765-L			
COMMITTEE'S E-MAIL ADDR	ESS						
(Check if address is changed)	tiri codem	el46 Ramai	1.com				
r e e e e e e e e e e e e e e e e e e e	Optional Second E-Mail Ac	ddress		·			
en e	en e		e e e e e e e e e e e e e e e e e e e	erione de la companya del companya del companya de la companya de			
COMMITTEE'S WEB PAGE A	ODRESS (URL)						
(Check if address is changed)	Hricoidem	nclub.com		·			
		 		· ·			
2. DATE 07 15 ZO 16							
3. FEC IDENTIFICATION N	IUMBER ▶ C ()	0613661					
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Joyce Greenwood							
Signature of Treasurer Date 07 15 2016							
NOTE: Submission of talse, erroheous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)			

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5.			COMMITTEE		
Candidate Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate	
	Name Cand				
	Cand Party	lidate Affiliat	ion Sought: House Senate President	State District	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				61	
	Name Cand				
	Part	y Cor	mmittee:		
	(d)			emocratic, oublican, etc.) Party.	
	Polit	ical A	action Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	eted organization is a:	
	(0)	ш		-	
			Corporation Corporation w/o Capital Stock	abor Organization	
			Membership Organization Trade Association C	ooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party	
			In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
,	Joint	Fund	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political	
		Com	mittees Participating in Joint Fundraiser	mamilia makara at fasandisa sati	
		1.	FEC ID number C		
		2.	FEC ID number C		
		3.	FEC ID number C	न्याच्यां व्याकारीयसम्बद्धां स्थापनी । स्थापनी व्याकारीयसम्बद्धां स्थापनी ।	
		4.	FEC ID number C		

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Write or Type Committee Name								
Tri Counties Democratic Club								
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor								
ı	none :							
(
L								
	Mailing Address							
		CITY STATE	ZIP CODE					
	-		7					
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor					
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 								
	Full Name	Barbara Haywood						
		11142 S. Diamond Bar Blvd	_ 					
	Mailing Address	ı#845						
			765					
			<u> </u>					
	Title or Position	CITY STATE	ZIP CODE					
	Secretary	Telephone number						
3.		the name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	e name and address of					
	Full Name	Joyce Greenwood						
	of Treasurer	1142,S. Diamond Bar Blvd						
	Mailing Address	ı#845	<u> </u>					
			705					
			765					
	Title or Position	CITY STATE	ZIP CODE					
	Treasurer	Telephone number [909] -	632 _ 8434					

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Full Name of

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Federal Election Commiss ENVELOPE REPLACEMENT PAGE FOR INC The FEC added this page to the end of this filing to	COMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 7/25/2016	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next	Business Day Delivery
Received from House Records & Registration Off	Date of Receipt ice
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER MP	8/1/2016 DATE PREPARED

PREPARER MP (3/2015)